

07/10/00



36864 U.S. PTO

07-11-00

A

Please type a plus sign (+) inside this box → ☐
 PTO/SB/05 (4/98)
 Approved for use through 09/30/2000. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	678-514 (P9464)
	First Inventor or Application Identifier	Se-Hyoung Kim
	Title	Apparatus and Method for Controlling...
	Express Mail Label No.	EL484185404US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification [Total Pages 44] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 24] 4. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:		

*** NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
 Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below					
Name	Paul J. Farrell				
Address	Dilworth & Barrese 333 Earle Ovington Blvd.				
City	Uniondale	State	NY	Zip Code	11553
Country	U.S.	Telephone	(516) 228-8484	Fax	(516) 228-8516

Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494
Signature	<i>Paul J. Farrell</i>	Date	July 10, 2000

CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL484185404US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: July 10, 2000

Tidje Holmberg

PATENT

Atty. Docket No. 678-514 (P9464)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner
for Patents
Washington, D.C. 20231

UTILITY APPLICATION FEE TRANSMITTAL

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Se-Hyoung KIM; Min-Goo KIM; Beong-Jo KIM and Soon-Jae CHOI

For: APPARATUS AND METHOD FOR CONTROLLING A DEMULTIPLEXER
AND A MULTIPLEXER USED FOR RATE MATCHING IN A MOBILE
COMMUNICATION SYSTEM

Enclosed are:

[X] 32 page(s) of specification

[X] 1 page(s) of Abstract

[X] 11 page(s) of claims

[X] 24 sheets of drawings [X] formal [] informal

[X] 2 page(s) of Declaration and Power of Attorney

[X] An Assignment of the invention to Samsung Electronics Co., Ltd.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date July 10, 2000 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL484185404US addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Tidde Holmberg
(Type or print name of person mailing paper)

(Signature of person mailing paper)

- ☐ This application claims the benefit under 35 U.S.C. §119(e) of U.S. Provisional Application(s) No(s).:

APPLICATION NO(S).:

FILING DATE

____/____/____

____/____/____

____/____/____

____/____/____

- ☒ Certified copy of applications

Country

Appln. No.

Filed

Korea

99-27407

July 8, 1999

Korea

99-30095

July 23, 1999

Korea

99-37496

August 30, 1999

from which priority under Title 35 United States Code, § 119 is claimed
☐ is enclosed.

☒ will follow.

CALCULATION OF UTILITY APPLICATION FEE

For	Number Filed	Number Extra	Rate	Basic Fee \$690.00
TOTAL CLAIMS	60	40	x 18 =	\$720.00
INDEPENDENT CLAIMS	5	2	x 78 =	\$156.00
<input type="checkbox"/> Multiple Dep. Claim	0		260	\$0
			TOTAL \$1,566.00	


- ☐ Verified Statement of "Small Entity" Status Under 37 C.F.R. § 1.27. Reduced fees under 37 C.F.R. § 1.9(f) (50% of total) paid herewith \$.

*Includes all independent and single dependent claims and all claims referred to in multiple claims. See 37 C.F.R. § 1.75(c).

000120 99082960

- ☒ The amount of \$40.00 for recording the attached Assignment is enclosed as a separate check.
- ☒ Two checks in the amount of \$1,566.00 and \$40.00 to cover the ☒ recording, ☒ filing fee(s) are attached.
- ☐ Charge fee to Deposit Account No. 04-1121. Order No. _____
TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and 1.17, at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Date: July 10, 2000


Paul J. Farrell
Reg. No. 33,494

DILWORTH & BARRESE
333 Earle Ovington Blvd.
Uniondale, NY 11553
Tel. No. (516) 228-8484
Fax. (516) 228-8516